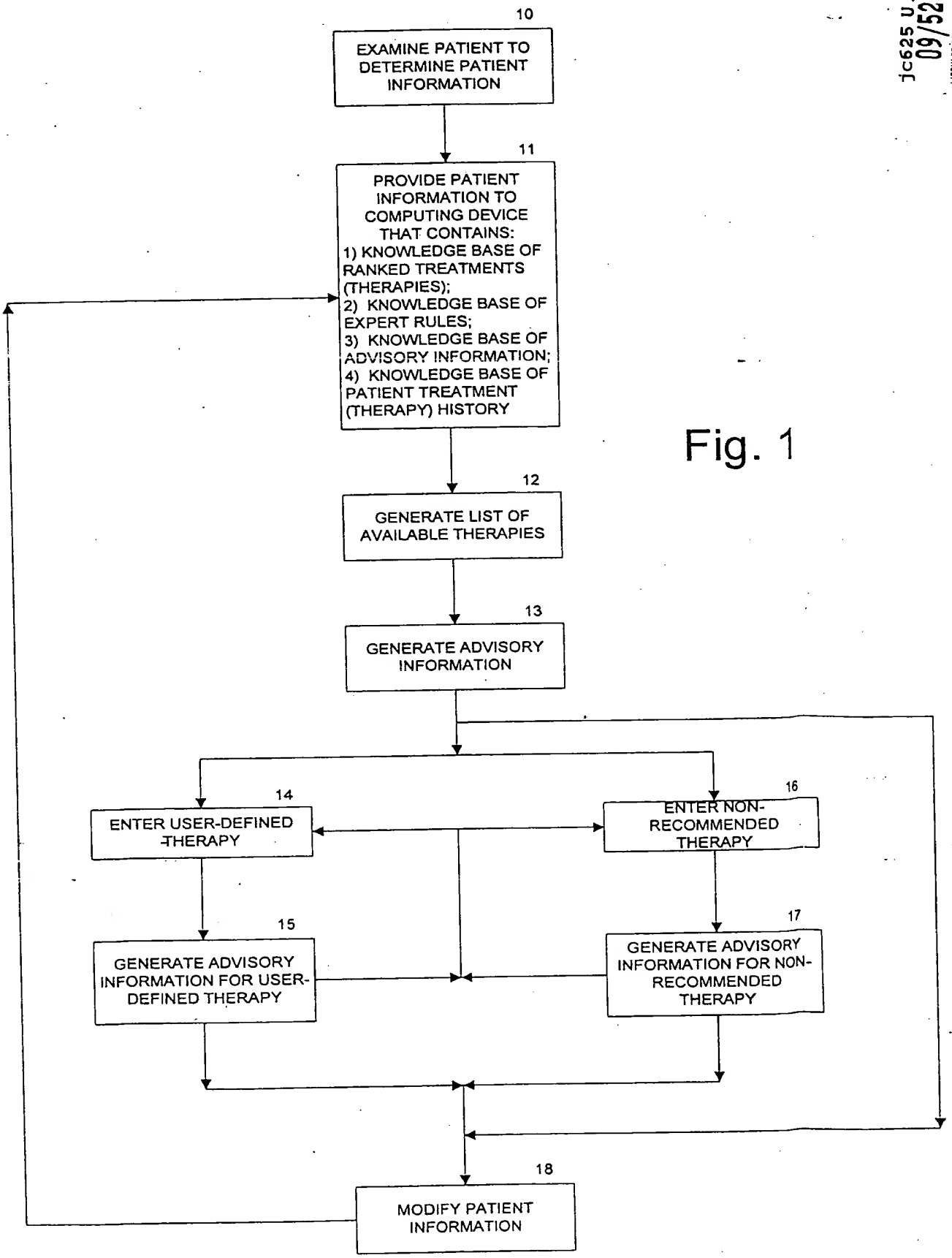


Fig. 1

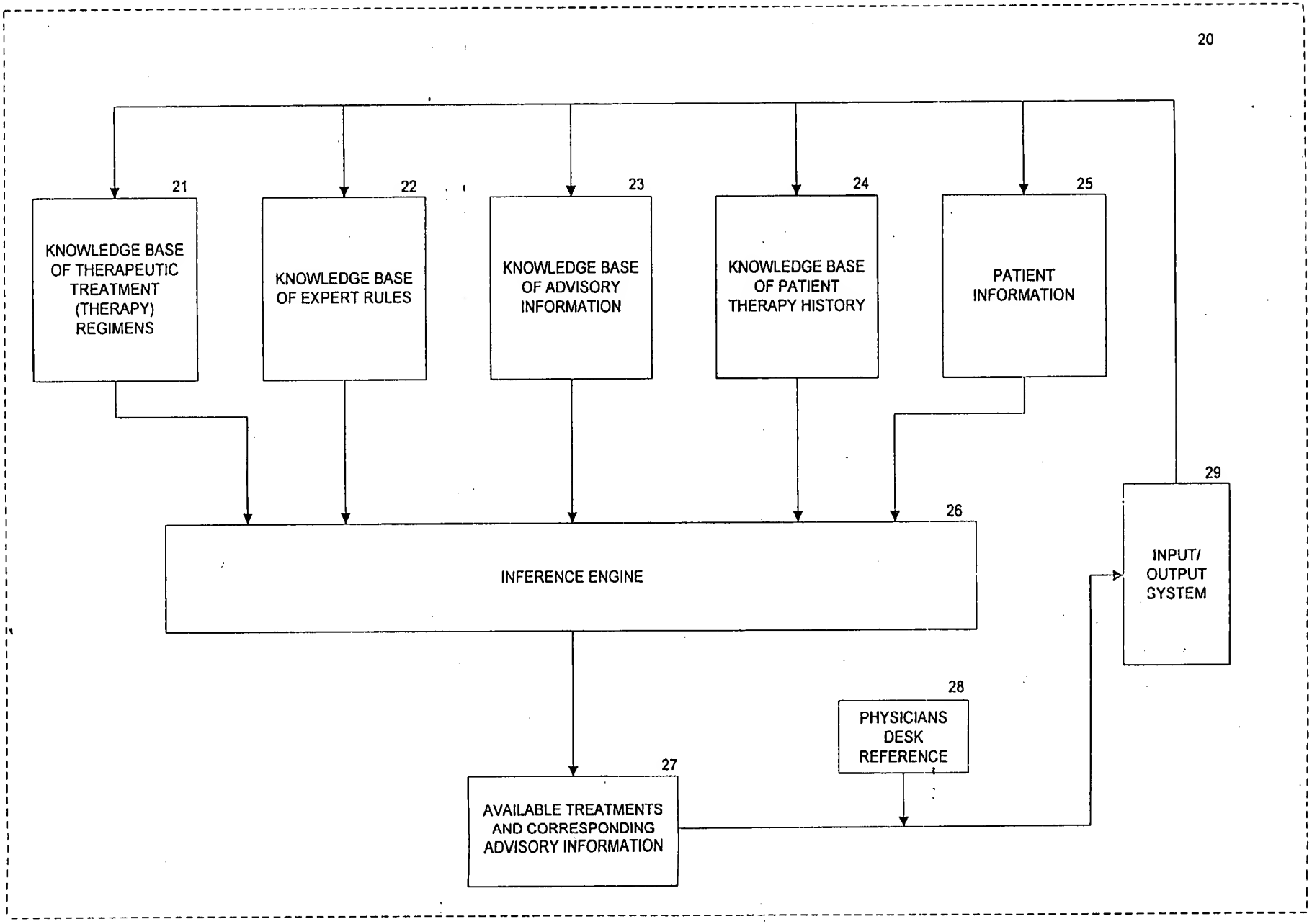

20
21
KNOWLEDGE BASE OF THERAPEUTIC TREATMENT (THERAPY) REGIMENS
22
KNOWLEDGE BASE OF EXPERT RULES
23
KNOWLEDGE BASE OF ADVISORY INFORMATION
24
KNOWLEDGE BASE OF PATIENT THERAPY HISTORY
25
PATIENT INFORMATION
26
INFERENCE ENGINE
29
INPUT/ OUTPUT SYSTEM
28
PHYSICIANS DESK REFERENCE
27
AVAILABLE TREATMENTS AND CORRESPONDING ADVISORY INFORMATION

Fig. 2

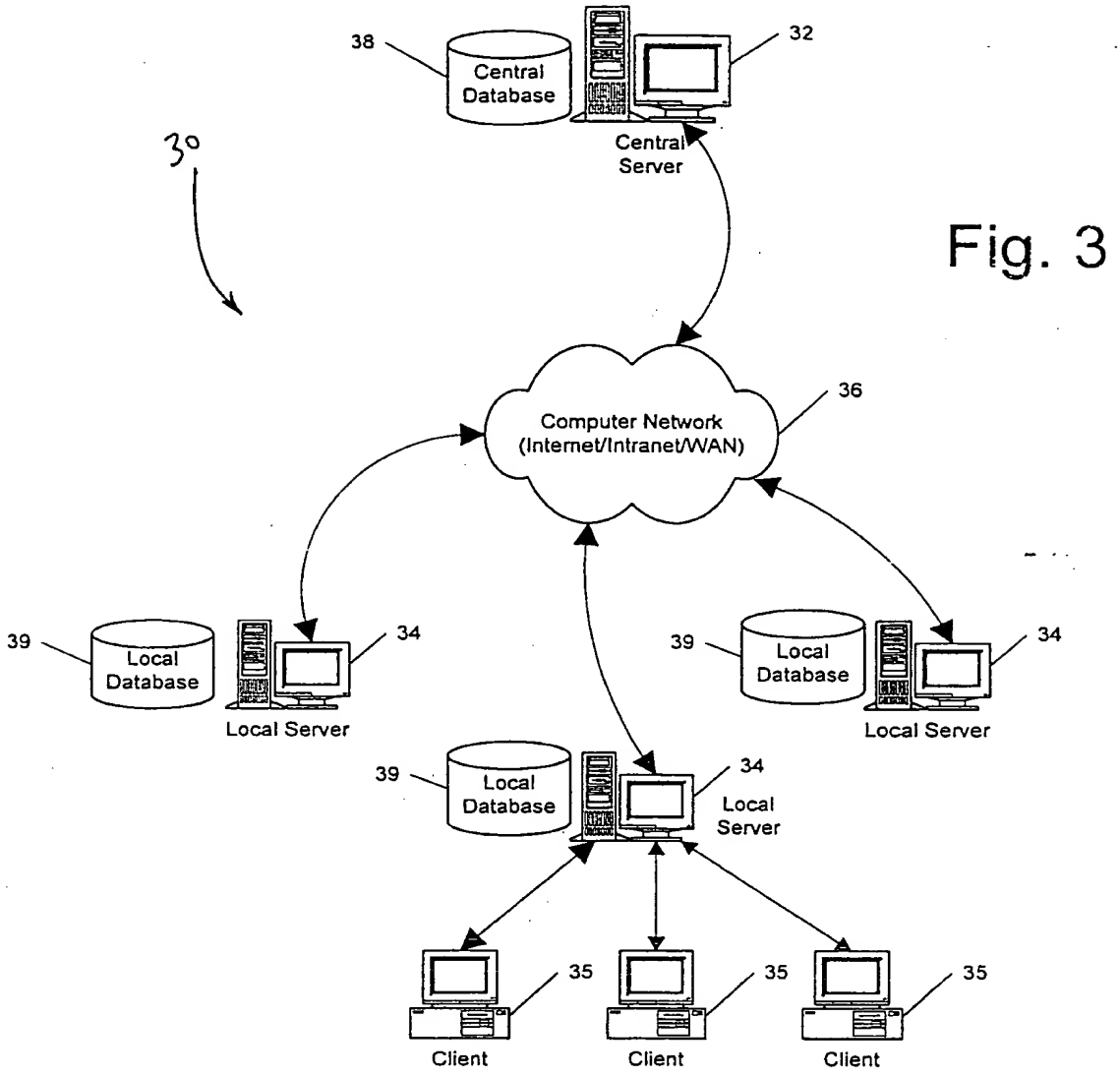

30
38
Central Database
32
Central Server
Computer Network (Internet/Intranet/WAN)
36
39
Local Database
34
Local Server
39
Local Database
34
Local Server
39
Local Database
34
Local Server
35
Client
35
Client
35
Client

Fig. 3

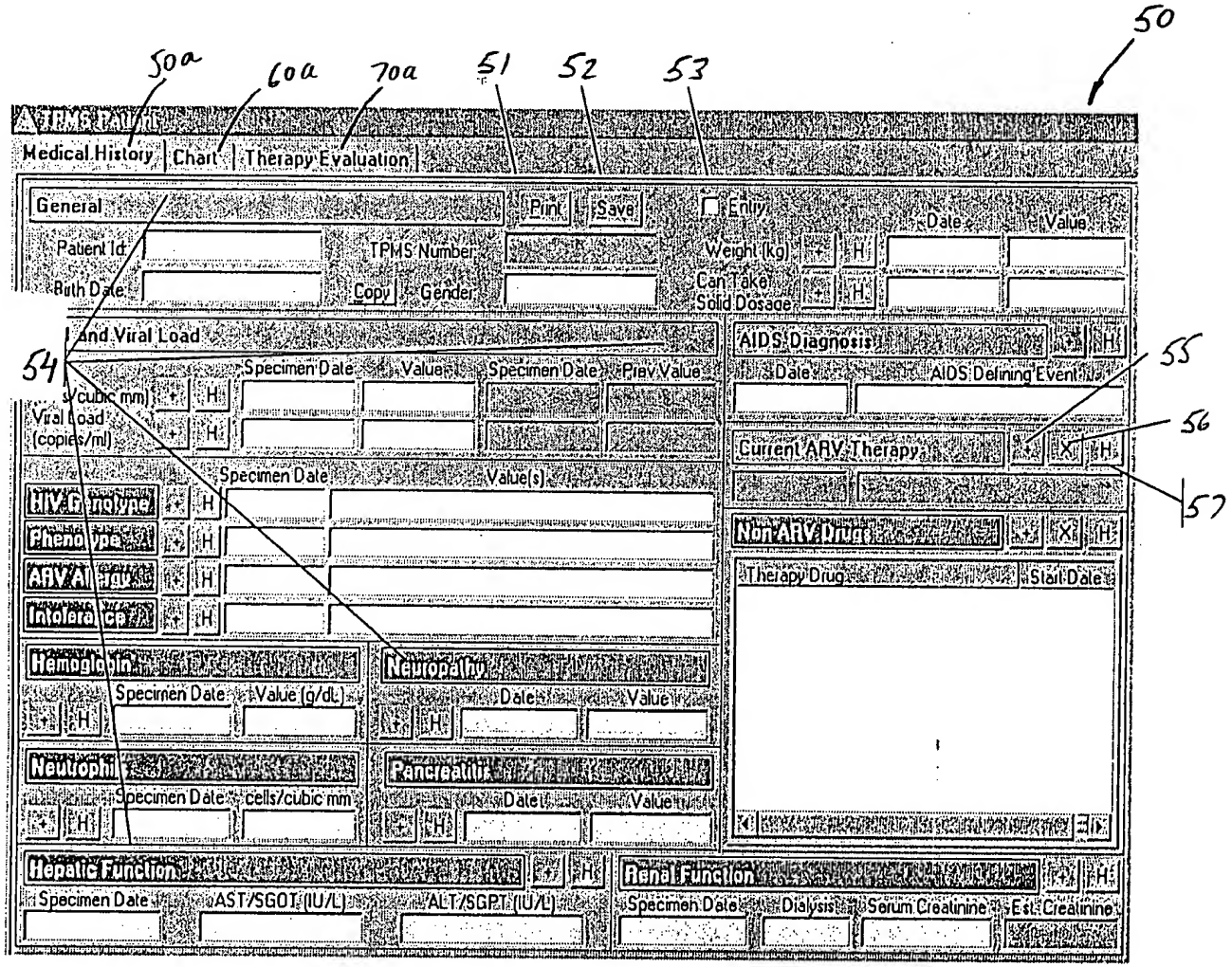

50
50a
60a
70a
51
52
53
Medical History
Chart
Therapy Evaluation
General
Print
Save
Entry
Patient Id
TPMS Number
Weight (kg)
Date
Value
Birth Date
Copy
Gender
Can Take Solid Dosage
and Viral Load
54
Specimen Date
Value
Specimen Date
Prev Value
(cubic mm)
Viral Load (copies/ml)
AIDS Diagnosis
Date
AIDS Defining Event
55
Current ARV Therapy
56
57
Specimen Date
Value(s)
HIV Genotype
Phenotype
ARV Allergy
Intolerance
Non-ARV Drug
Therapy Drug
Start Date
Hemoglobin
Specimen Date
Value (g/dL)
Neuropathy
Date
Value
Neutrophil
Specimen Date
cells/cubic mm
Pancreatitis
Date
Value
Hepatic Function
Specimen Date
AST/SGOT (IU/L)
ALT/SGPT (IU/L)
Renal Function
Specimen Date
Dialysis
Serum Creatinine
Est. Creatinine

FIG. 4

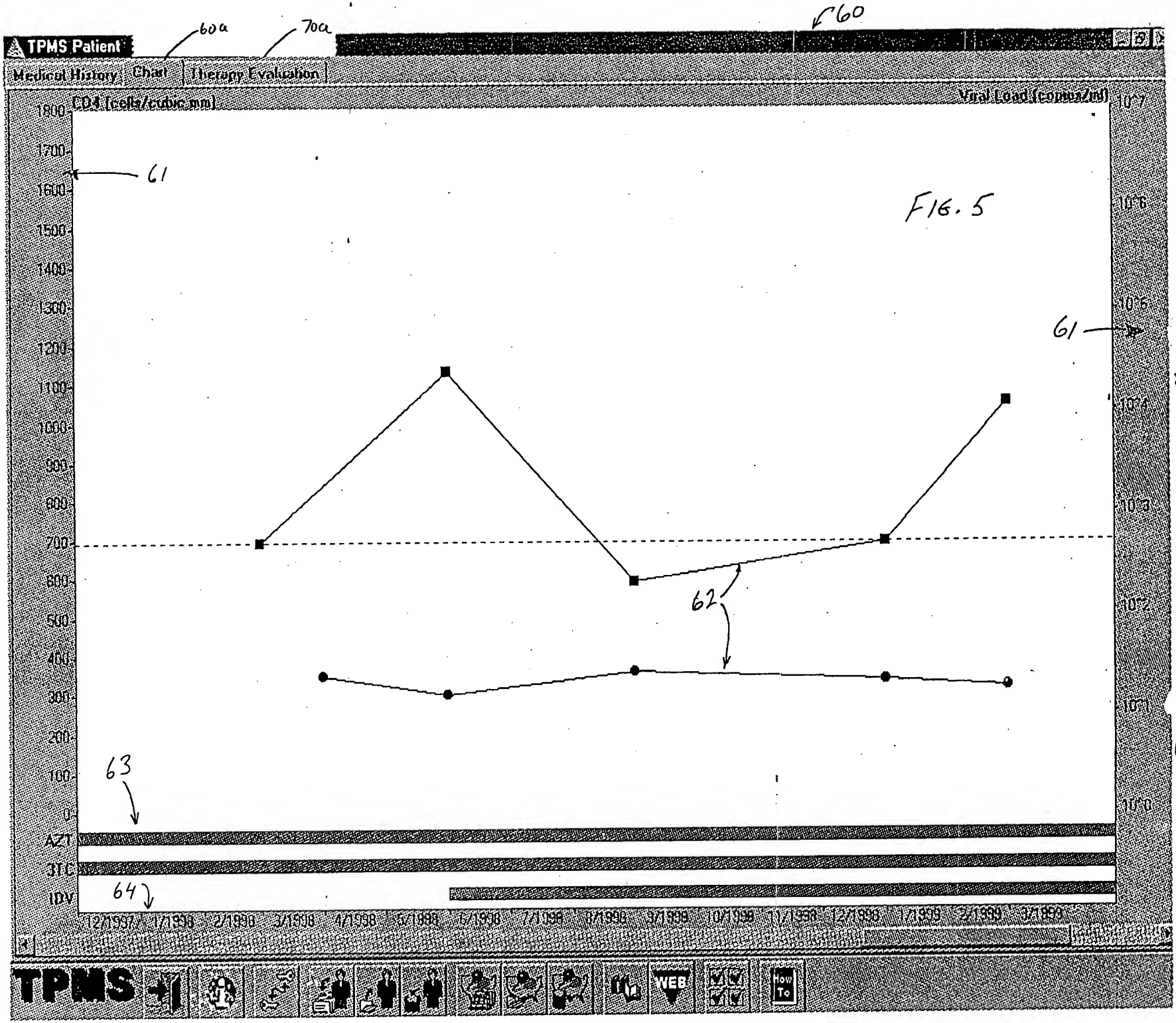

TPMS Patient
60a
70a
60
Medical History
Chart
Therapy Evaluation
CD4 (cells/cubic mm)
Viral Load (copies/ml)
1800
1700
1600
1500
1400
1300
1200
1100
1000
900
800
700
600
500
400
300
200
100
0
10^7
10^6
10^5
10^4
10^3
10^2
10^1
10^0
61
61
62
63
64
AZT
3TC
IDV
12/1997
1/1998
2/1998
3/1998
4/1998
5/1998
6/1998
7/1998
8/1998
9/1998
10/1998
11/1998
12/1998
1/1999
2/1999
3/1999
TPMS
WEB
How To

FIG. 5

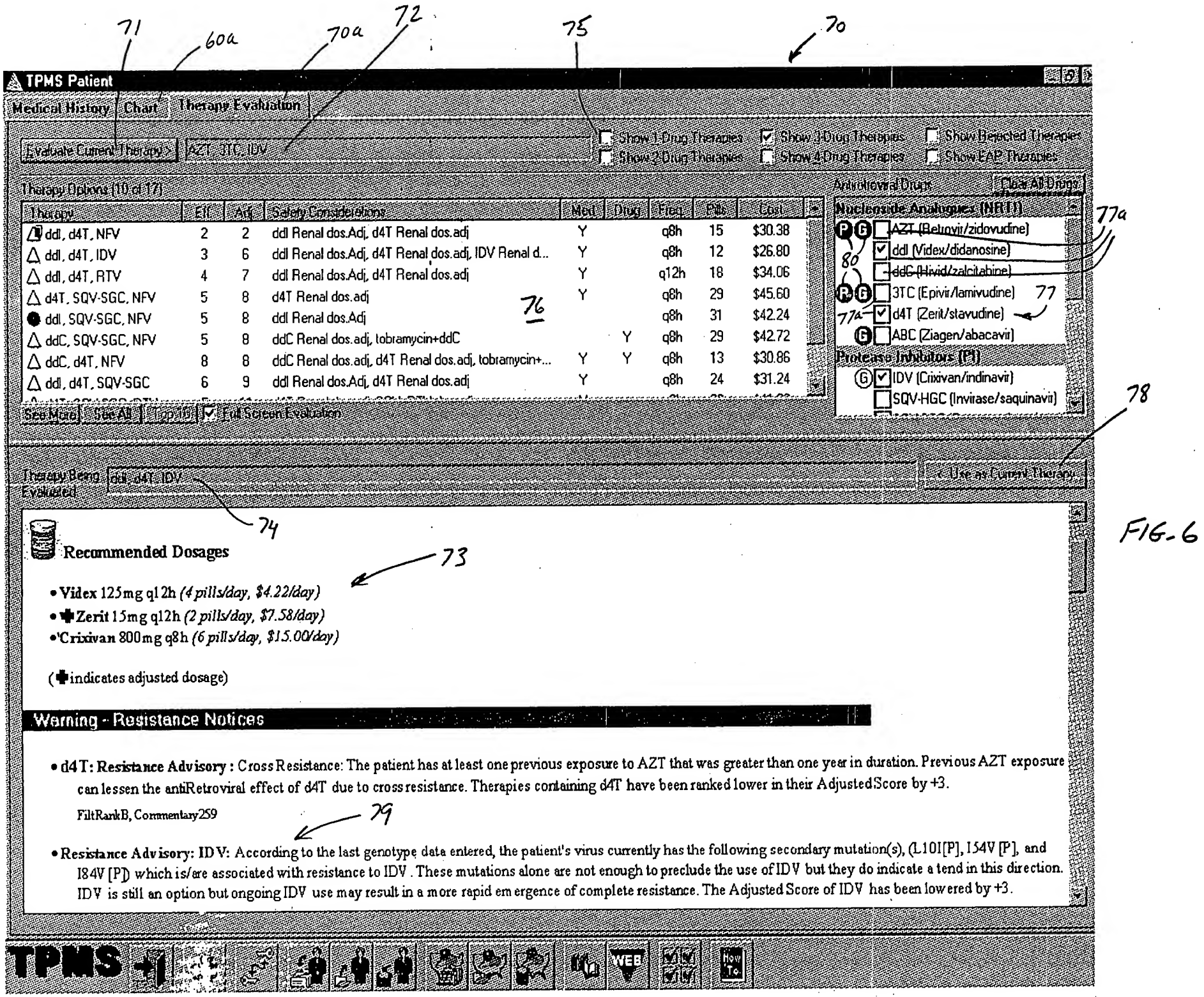

71
60a
70a
72
75
70
TPMS Patient
Medical History
Chart
Therapy Evaluation
Evaluate Current Therapy >
AZT, 3TC, IDV
Show 1-Drug Therapies
Show 2-Drug Therapies
Show 3-Drug Therapies
Show 4-Drug Therapies
Show Retested Therapies
Show EAP Therapies
Therapy Options (10 of 17)
Therapy | Eff | Adj | Safety Considerations | Med | Drug | Freq | Pills | Cost
ddI, d4T, NFV | 2 | 2 | ddI Renal dos.Adj, d4T Renal dos.adj | Y | | q8h | 15 | $30.38
ddI, d4T, IDV | 3 | 6 | ddI Renal dos.Adj, d4T Renal dos.adj, IDV Renal d... | Y | | q8h | 12 | $26.80
ddI, d4T, RTV | 4 | 7 | ddI Renal dos.Adj, d4T Renal dos.adj | Y | | q12h | 18 | $34.06
d4T, SQV-SGC, NFV | 5 | 8 | d4T Renal dos.adj | Y | | q8h | 29 | $45.60
ddI, SQV-SGC, NFV | 5 | 8 | ddI Renal dos.Adj | | | q8h | 31 | $42.24
ddC, SQV-SGC, NFV | 5 | 8 | ddC Renal dos.adj, tobramycin+ddC | | Y | q8h | 29 | $42.72
ddC, d4T, NFV | 8 | 8 | ddC Renal dos.adj, d4T Renal dos.adj, tobramycin+... | Y | Y | q8h | 13 | $30.86
ddI, d4T, SQV-SGC | 6 | 9 | ddI Renal dos.Adj, d4T Renal dos.adj | Y | | q8h | 24 | $31.24
76
See More
See All
Top 10
Full Screen Evaluation
Antiretroviral Drugs
Clear All Drugs
Nucleoside Analogues (NRTI)
77a
AZT (Retrovir/zidovudine)
ddI (Videx/didanosine)
ddC (Hivid/zalcitabine)
3TC (Epivir/lamivudine)
77
d4T (Zerit/stavudine)
ABC (Ziagen/abacavir)
80
Protease Inhibitors (PI)
IDV (Crixivan/indinavir)
SQV-HGC (Invirase/saquinavir)
78
< Use as Current Therapy
Therapy Being Evaluated
ddI, d4T, IDV
74
Recommended Dosages
73
• Videx 125mg q12h (4 pills/day, $4.22/day)
• ✚Zerit 15mg q12h (2 pills/day, $7.58/day)
• Crixivan 800mg q8h (6 pills/day, $15.00/day)
(✚indicates adjusted dosage)
Warning - Resistance Notices
• d4T: Resistance Advisory : Cross Resistance: The patient has at least one previous exposure to AZT that was greater than one year in duration. Previous AZT exposure can lessen the antiRetroviral effect of d4T due to cross resistance. Therapies containing d4T have been ranked lower in their AdjustedScore by +3.
FiltRankB, Commentary259
79
• Resistance Advisory: IDV: According to the last genotype data entered, the patient's virus currently has the following secondary mutation(s), (L10I[P], I54V [P], and I84V [P]) which is/are associated with resistance to IDV. These mutations alone are not enough to preclude the use of IDV but they do indicate a tend in this direction. IDV is still an option but ongoing IDV use may result in a more rapid emergence of complete resistance. The Adjusted Score of IDV has been lowered by +3.
TPMS
WEB
How To

FIG-6

Icon	Meaning
	Indicates that there were no critical alerts for the therapy, however, general warnings and advisories should be read in the Therapy Details box.
	Indicates that there were no critical alerts for the therapy, however, general warnings and advisories should be read in the Therapy Details box. The book indicates that therapy has been studied and a reference is available to review.
	Indicates a yellow alert. There is important information about this therapy that must be reviewed.
	Indicates a yellow alert. There is important information about this therapy that must be reviewed. The book indicates that therapy has been studied and a reference is available to review.
	Indicates a red alert, which means critical and possible life-threatening situation may exist or may be created with this therapy. Information in the Therapy Details section must be read for this therapy to be considered.
	Indicates a red alert, which means critical and possible life-threatening situation may exist or may be created with this therapy. Information in the Therapy Details section must be read for this therapy to be considered. The book indicates that therapy has been studied and a reference is available to review.
	Indicates the therapy is not recommended.

FIG. 7

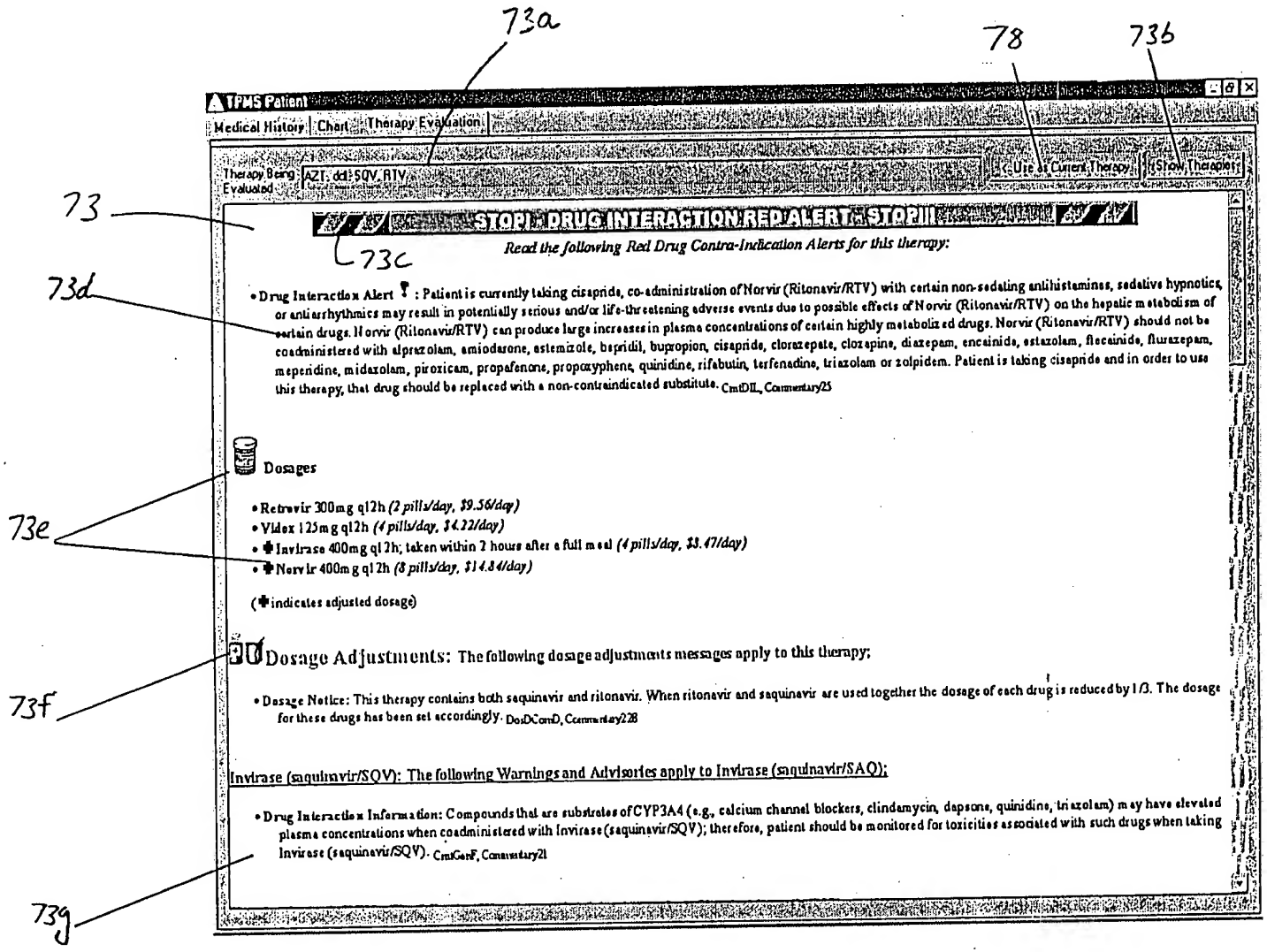

73a
78
73b
TPMS Patient
Medical History
Chart
Therapy Evaluation
Therapy Being Evaluated: AZT, ddI, SQV, RTV
Use of Current Therapy
Stow Therapies
73
73c
STOP!! DRUG INTERACTION RED ALERT STOP!!
Read the following Red Drug Contra-Indication Alerts for this therapy:
73d
• Drug Interaction Alert : Patient is currently taking cisapride, co-administration of Norvir (Ritonavir/RTV) with certain non-sedating antihistamines, sedative hypnotics, or antiarrhythmics may result in potentially serious and/or life-threatening adverse events due to possible effects of Norvir (Ritonavir/RTV) on the hepatic metabolism of certain drugs. Norvir (Ritonavir/RTV) can produce large increases in plasma concentrations of certain highly metabolized drugs. Norvir (Ritonavir/RTV) should not be coadministered with alprazolam, amiodarone, astemizole, bepridil, bupropion, cisapride, clorazepate, clozapine, diazepam, encainide, estazolam, flecainide, flurazepam, meperidine, midazolam, piroxicam, propafenone, propoxyphene, quinidine, rifabutin, terfenadine, triazolam or zolpidem. Patient is taking cisapride and in order to use this therapy, that drug should be replaced with a non-contraindicated substitute. CmtDII_Commentary25
Dosages
73e
• Retrovir 300mg q12h (2 pills/day, $9.56/day)
• Videx 125mg q12h (4 pills/day, $4.22/day)
• ✚ Invirase 400mg q12h; taken within 2 hours after a full meal (4 pills/day, $3.47/day)
• ✚ Norvir 400mg q12h (8 pills/day, $14.84/day)
(✚ indicates adjusted dosage)
73f
Dosage Adjustments: The following dosage adjustments messages apply to this therapy:
• Dosage Notice: This therapy contains both saquinavir and ritonavir. When ritonavir and saquinavir are used together the dosage of each drug is reduced by 1/3. The dosage for these drugs has been set accordingly. DosDComD_Commentary228
Invirase (saquinavir/SQV): The following Warnings and Advisories apply to Invirase (saquinavir/SAQ):
73g
• Drug Interaction Information: Compounds that are substrates of CYP3A4 (e.g., calcium channel blockers, clindamycin, dapsone, quinidine, triazolam) may have elevated plasma concentrations when coadministered with Invirase (saquinavir/SQV); therefore, patient should be monitored for toxicities associated with such drugs when taking Invirase (saquinavir/SQV). CmtGenF_Commentary21

FIG. 8

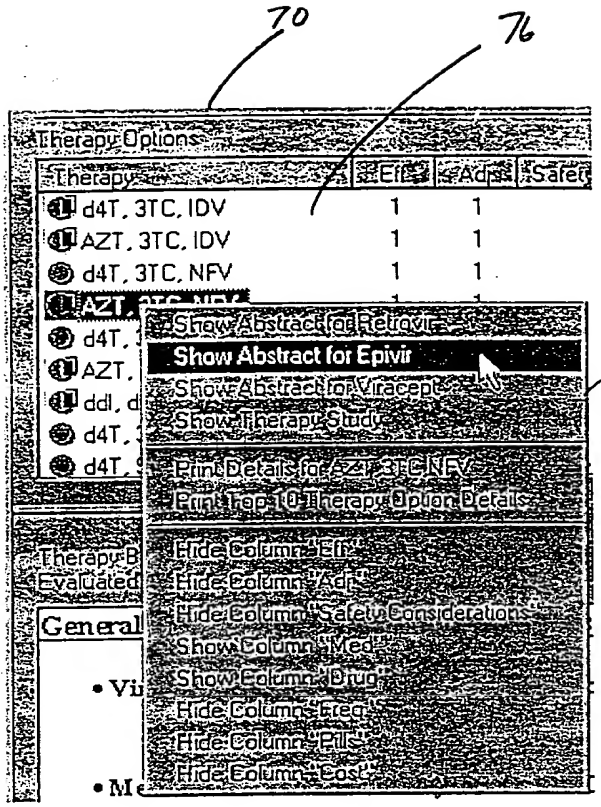

70
76
90
Therapy Options
Therapy
Eff
Adh
Safet
d4T, 3TC, IDV
1
1
AZT, 3TC, IDV
1
1
d4T, 3TC, NFV
1
1
Show Abstract for Retrovir
Show Abstract for Epivir
Show Abstract for Viracept
Show Therapy Study
Print Details for AZT, 3TC, NFV
Print Top 10 Therapy Option Details
Hide Column "Eff"
Hide Column "Adh"
Hide Column "Safety Considerations"
Show Column "Med"
Show Column "Drug"
Hide Column "Freq"
Hide Column "Pills"
Hide Column "Cost"
General

FIG. 9

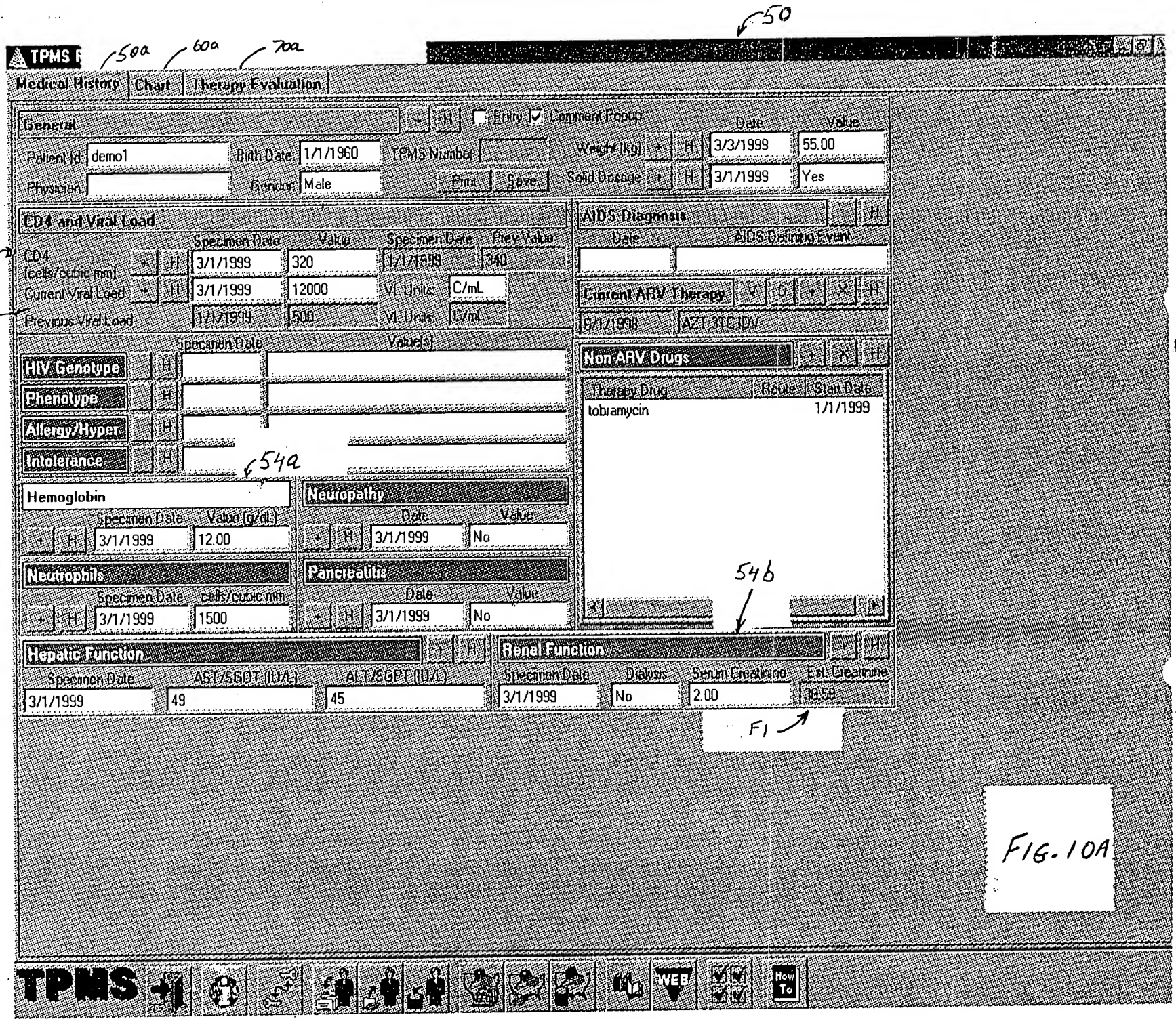

50
TPMS
50a
60a
70a
Medical History
Chart
Therapy Evaluation
General
Entry
Comment Popup
Patient Id: demo1
Birth Date: 1/1/1960
TPMS Number:
Physician:
Gender: Male
Print
Save
Weight (kg)
Solid Dosage
Date
Value
3/3/1999
55.00
3/1/1999
Yes
CD4 and Viral Load
Specimen Date
Value
Prev Specimen Date
Prev Value
CD4 (cells/cubic mm)
3/1/1999
320
1/1/1998
340
Current Viral Load
3/1/1999
12000
VL Units: C/mL
Previous Viral Load
1/1/1999
500
VL Units: C/mL
F2
AIDS Diagnosis
Date
AIDS Defining Event
Current ARV Therapy
6/1/1998
AZT 3TC IDV
Non-ARV Drugs
Therapy Drug
Route
Start Date
tobramycin
1/1/1999
HIV Genotype
Phenotype
Allergy/Hyper
Intolerance
Specimen Date
Value(s)
54a
Hemoglobin
Specimen Date
Value (g/dL)
3/1/1999
12.00
Neutrophils
Specimen Date
cells/cubic mm
3/1/1999
1500
Neuropathy
Date
Value
3/1/1999
No
Pancreatitis
Date
Value
3/1/1999
No
54b
Hepatic Function
Specimen Date
AST/SGOT (IU/L)
ALT/SGPT (IU/L)
3/1/1999
49
45
Renal Function
Specimen Date
Dialysis
Serum Creatinine
Est. Creatinine
3/1/1999
No
2.00
98.58
F1
TPMS
WEB
How To

FIG. 10A

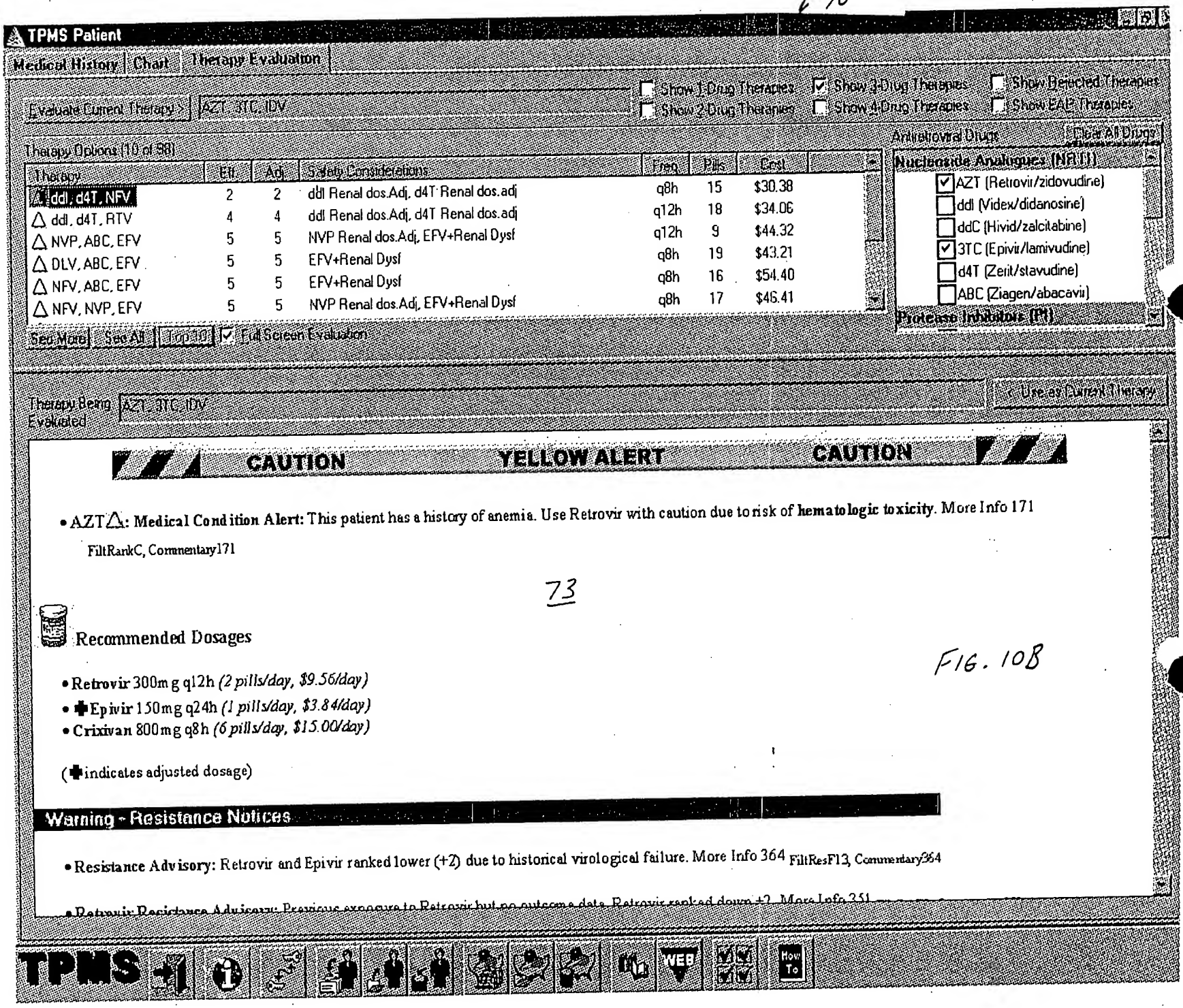

TPMS Patient
Medical History
Chart
Therapy Evaluation
Evaluate Current Therapy
AZT, 3TC, IDV
Show 1-Drug Therapies
Show 2-Drug Therapies
Show 3-Drug Therapies
Show 4-Drug Therapies
Show Rejected Therapies
Show EAC Therapies
Therapy Options (10 of 98)
Therapy
Eff
Adj
Safety Considerations
Freq
Pills
Cost
ddI, d4T, NFV 2 2 ddI Renal dos.Adj, d4T Renal dos.adj q8h 15 $30.38
ddI, d4T, RTV 4 4 ddI Renal dos.Adj, d4T Renal dos.adj q12h 18 $34.06
NVP, ABC, EFV 5 5 NVP Renal dos.Adj, EFV+Renal Dysf q12h 9 $44.32
DLV, ABC, EFV 5 5 EFV+Renal Dysf q8h 19 $43.21
NFV, ABC, EFV 5 5 EFV+Renal Dysf q8h 16 $54.40
NFV, NVP, EFV 5 5 NVP Renal dos.Adj, EFV+Renal Dysf q8h 17 $46.41
See More
See All
Top 10
Full Screen Evaluation
Antiretroviral Drugs
Clear All Drugs
Nucleoside Analogues (NRTI)
AZT (Retrovir/zidovudine)
ddI (Videx/didanosine)
ddC (Hivid/zalcitabine)
3TC (Epivir/lamivudine)
d4T (Zerit/stavudine)
ABC (Ziagen/abacavir)
Protease Inhibitors (PI)
Therapy Being Evaluated
AZT, 3TC, IDV
Use as Current Therapy
CAUTION YELLOW ALERT CAUTION
• AZT△: Medical Condition Alert: This patient has a history of anemia. Use Retrovir with caution due to risk of hematologic toxicity. More Info 171
FiltRankC, Commentary171
73
Recommended Dosages
• Retrovir 300mg q12h (2 pills/day, $9.56/day)
• ✚Epivir 150mg q24h (1 pills/day, $3.84/day)
• Crixivan 800mg q8h (6 pills/day, $15.00/day)
(✚indicates adjusted dosage)
Warning - Resistance Notices
• Resistance Advisory: Retrovir and Epivir ranked lower (+2) due to historical virological failure. More Info 364 FiltResF13, Commentary364
• Retrovir Resistance Advisory: Previous exposure to Retrovir but no outcome data. Retrovir ranked down +2. More Info 351
TPMS
WEB
How To

FIG. 10B

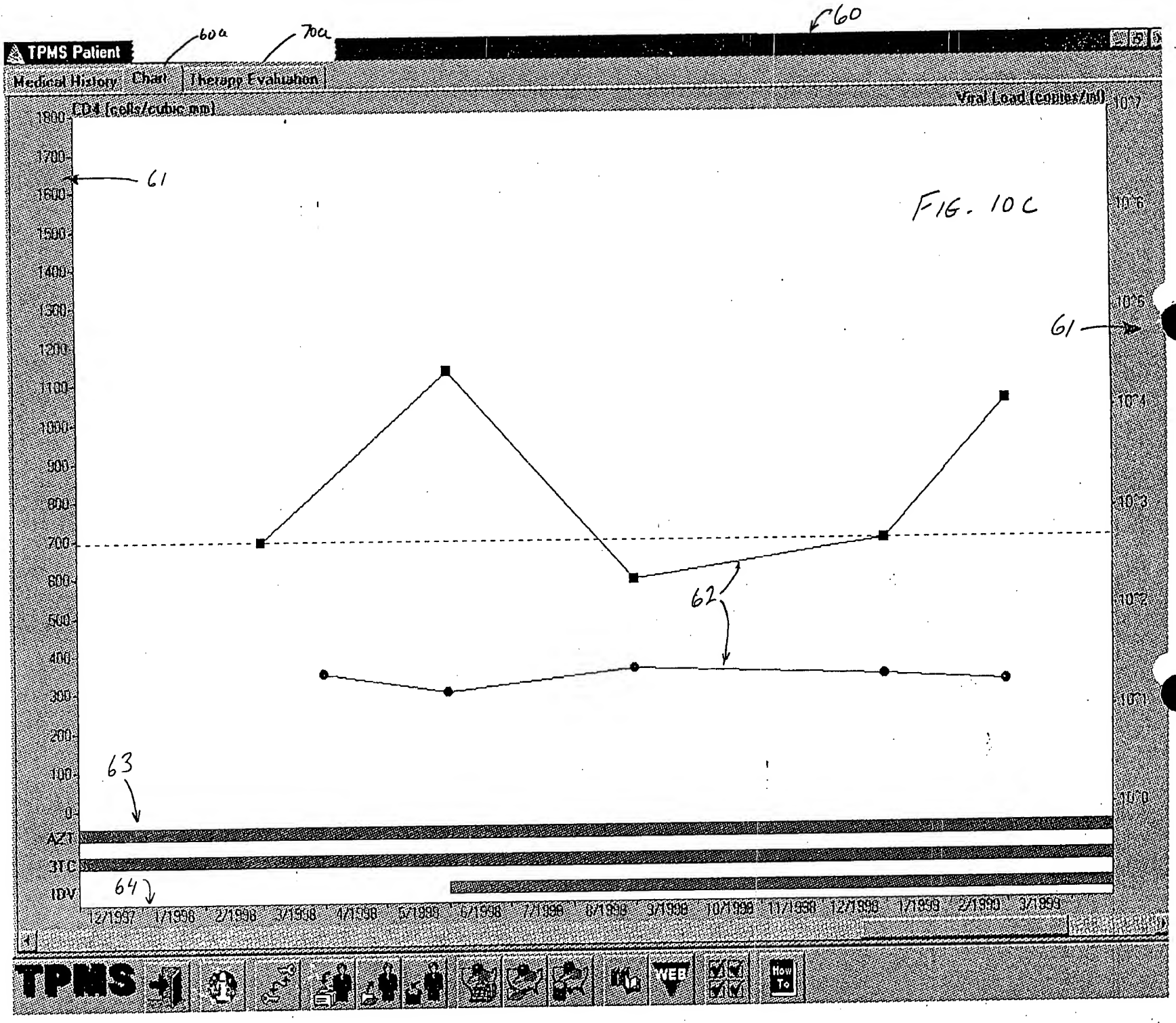

TPMS Patient
60a
70a
60
Medical History
Chart
Therapy Evaluation
CD4 (cells/cubic mm)
Viral Load (copies/ml)
1800
1700
1600
1500
1400
1300
1200
1100
1000
900
800
700
600
500
400
300
200
100
0
10^7
10^6
10^5
10^4
10^3
10^2
10^1
10^0
61
61
62
63
64
AZT
3TC
IDV
12/1997
1/1998
2/1998
3/1998
4/1998
5/1998
6/1998
7/1998
8/1998
9/1998
10/1998
11/1998
12/1998
1/1999
2/1999
3/1999
TPMS
WEB
How To

FIG. 10C

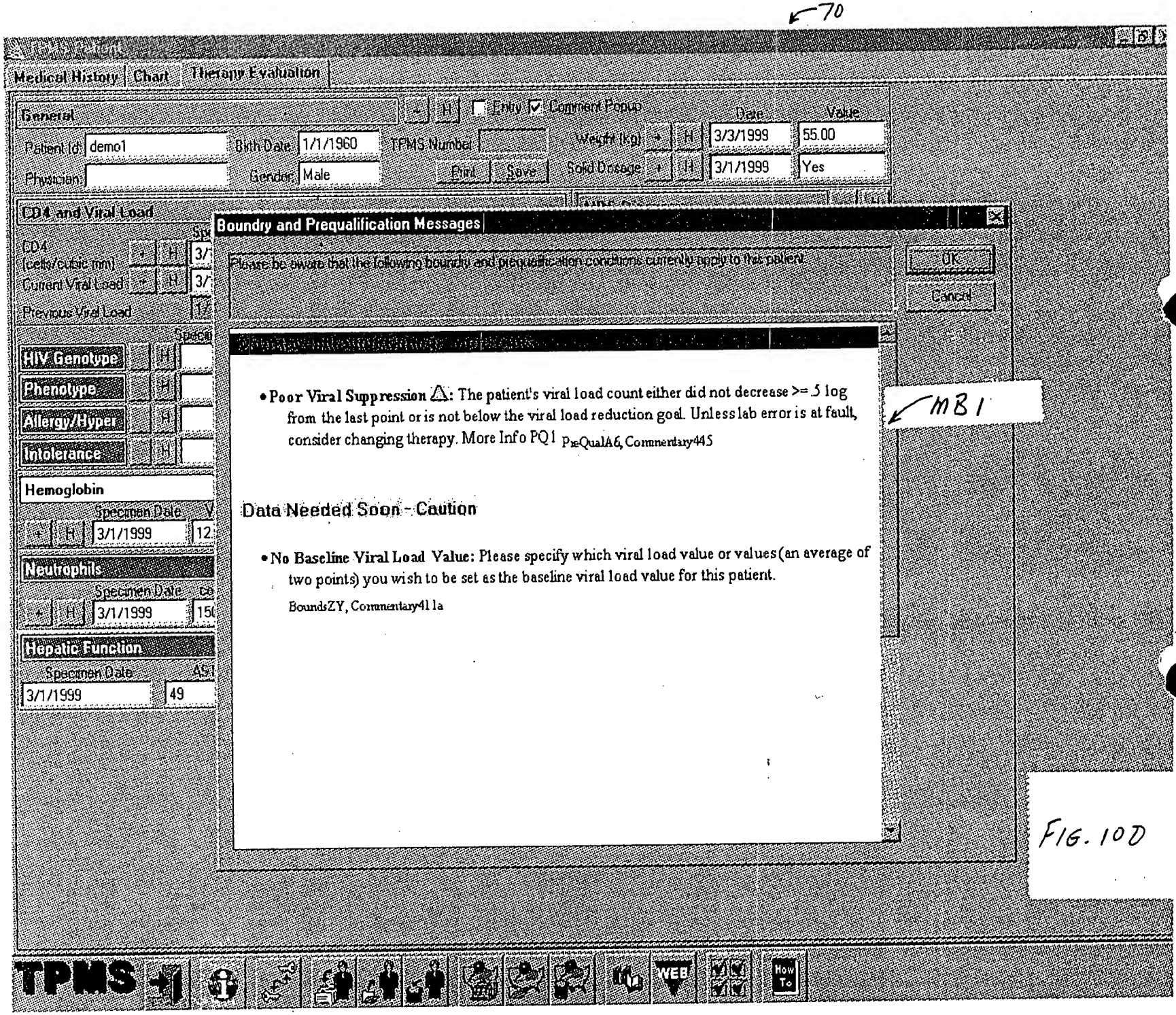

70
Medical History
Chart
Therapy Evaluation
General
Entry
Comment Popup
Patient Id: demo1
Birth Date: 1/1/1960
TPMS Number:
Physician:
Gender: Male
Print
Save
Weight (kg)
Solid Dosage
Date
Value
3/3/1999
55.00
3/1/1999
Yes
CD4 and Viral Load
CD4 (cells/cubic mm)
Current Viral Load
Previous Viral Load
HIV Genotype
Phenotype
Allergy/Hyper
Intolerance
Hemoglobin
Specimen Date
3/1/1999
Neutrophils
Hepatic Function
49
Boundry and Prequalification Messages
Please be aware that the following boundry and prequalification conditions currently apply to this patient
OK
Cancel
• Poor Viral Suppression ⚠: The patient's viral load count either did not decrease >= .5 log from the last point or is not below the viral load reduction goal. Unless lab error is at fault, consider changing therapy. More Info PQ1 PreQualA6, Commentary445
MB1
Data Needed Soon - Caution
• No Baseline Viral Load Value: Please specify which viral load value or values (an average of two points) you wish to be set as the baseline viral load value for this patient.
BoundsZY, Commentary411a
TPMS
WEB
How To

FIG. 10D

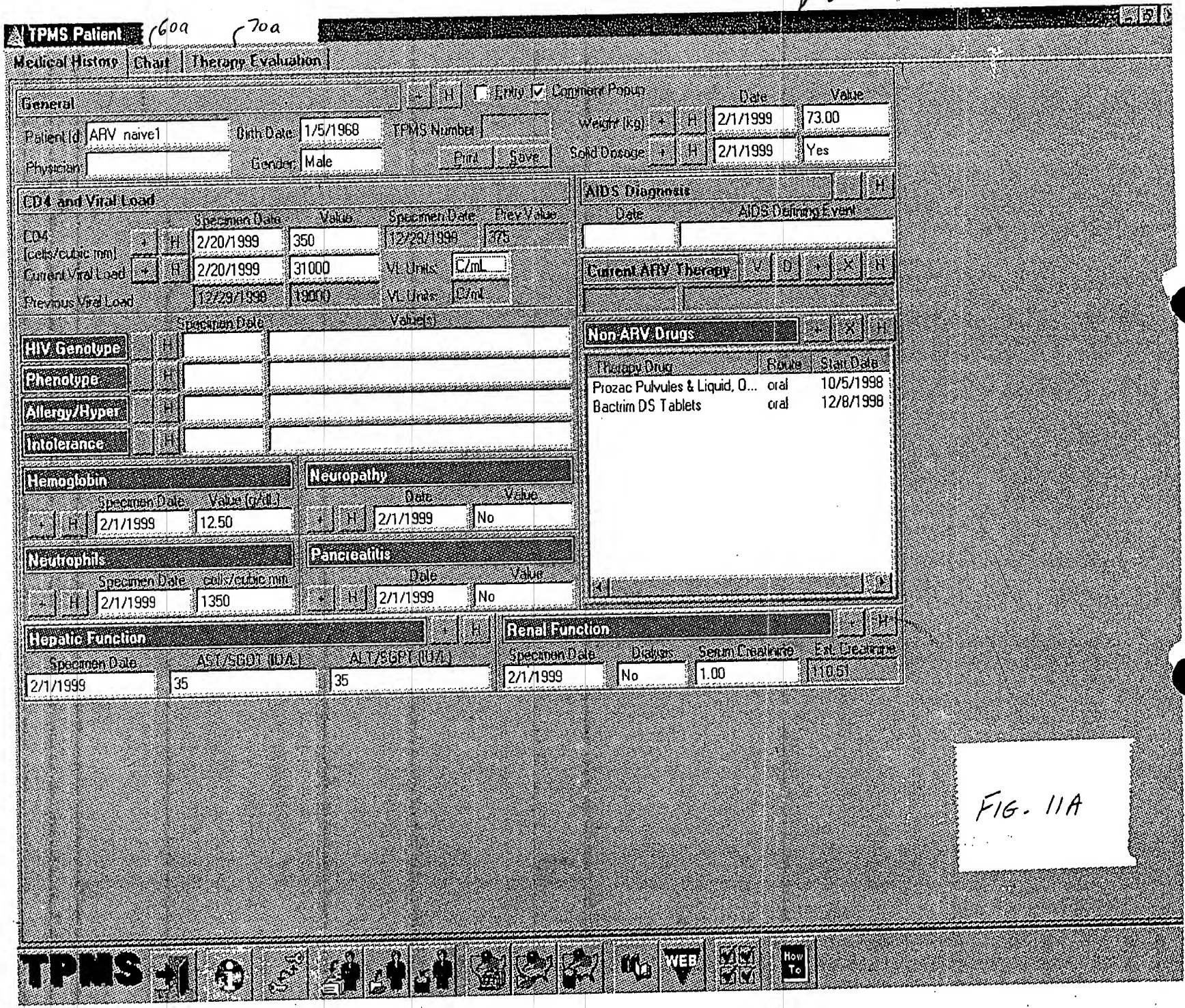

TPMS Patient
Medical History
Chart
Therapy Evaluation
General
Patient Id: ARV naive1
Birth Date: 1/5/1968
TPMS Number:
Physician:
Gender: Male
Print
Save
Entry
Comment Popup
Weight (kg)
Date: 2/1/1999
Value: 73.00
Solid Dosage
Date: 2/1/1999
Value: Yes
CD4 and Viral Load
Specimen Date
Value
Prev Specimen Date
Prev Value
CD4 (cells/cubic mm)
2/20/1999
350
12/29/1998
375
Current Viral Load
2/20/1999
31000
VL Units: C/mL
Previous Viral Load
12/29/1998
19000
VL Units: C/mL
AIDS Diagnosis
Date
AIDS Defining Event
Current ARV Therapy
Non-ARV Drugs
Therapy Drug
Route
Start Date
Prozac Pulvules & Liquid, O...
oral
10/5/1998
Bactrim DS Tablets
oral
12/8/1998
Specimen Date
Value(s)
HIV Genotype
Phenotype
Allergy/Hyper
Intolerance
Hemoglobin
Specimen Date
Value (g/dL)
2/1/1999
12.50
Neutrophils
Specimen Date
cell/cubic mm
2/1/1999
1350
Neuropathy
Date
Value
2/1/1999
No
Pancreatitis
Date
Value
2/1/1999
No
Hepatic Function
Specimen Date
AST/SGOT (IU/L)
ALT/SGPT (IU/L)
2/1/1999
35
35
Renal Function
Specimen Date
Dialysis
Serum Creatinine
Est. Creatinine
2/1/1999
No
1.00
110.51
TPMS
WEB
How To

FIG. 11A

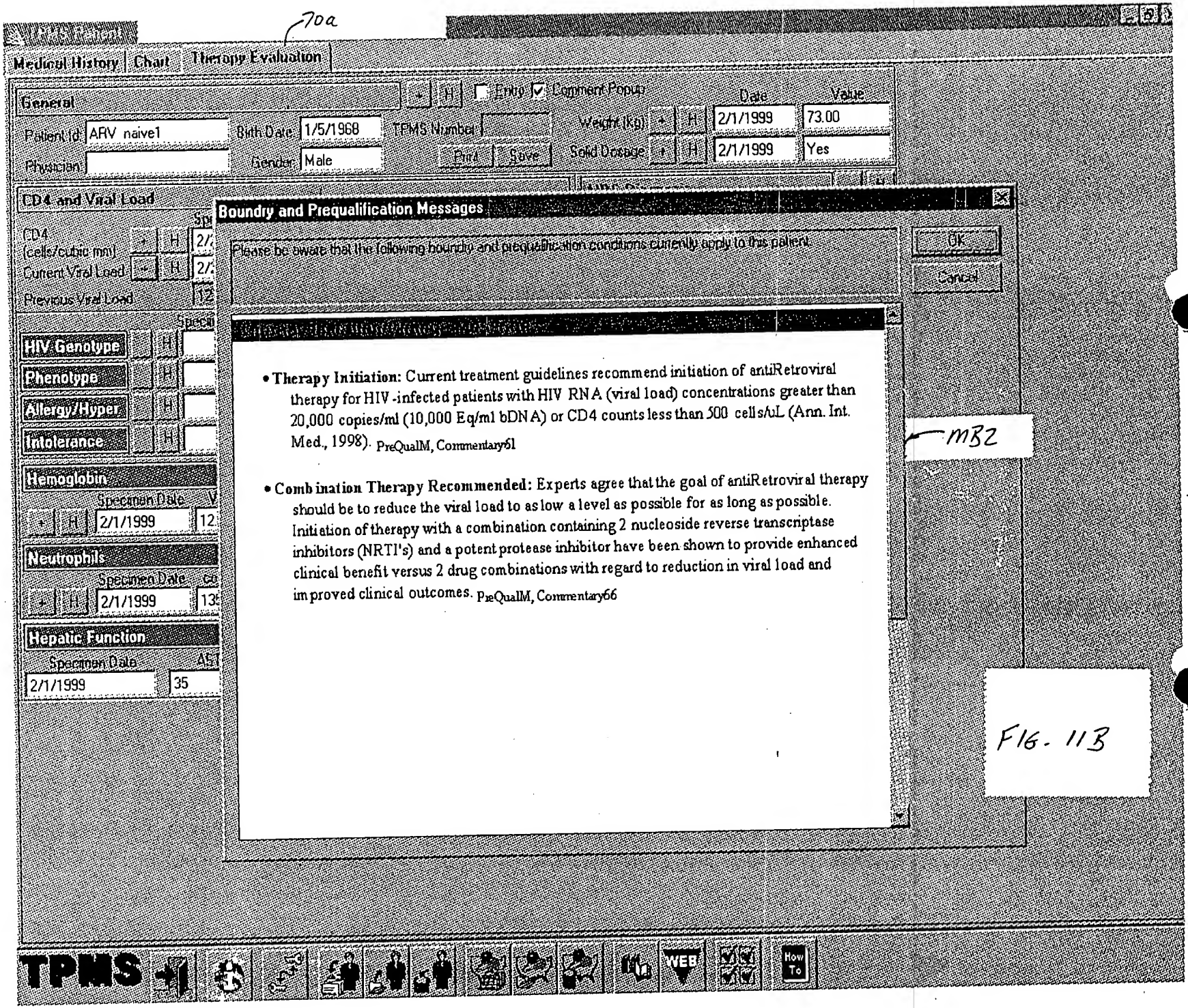
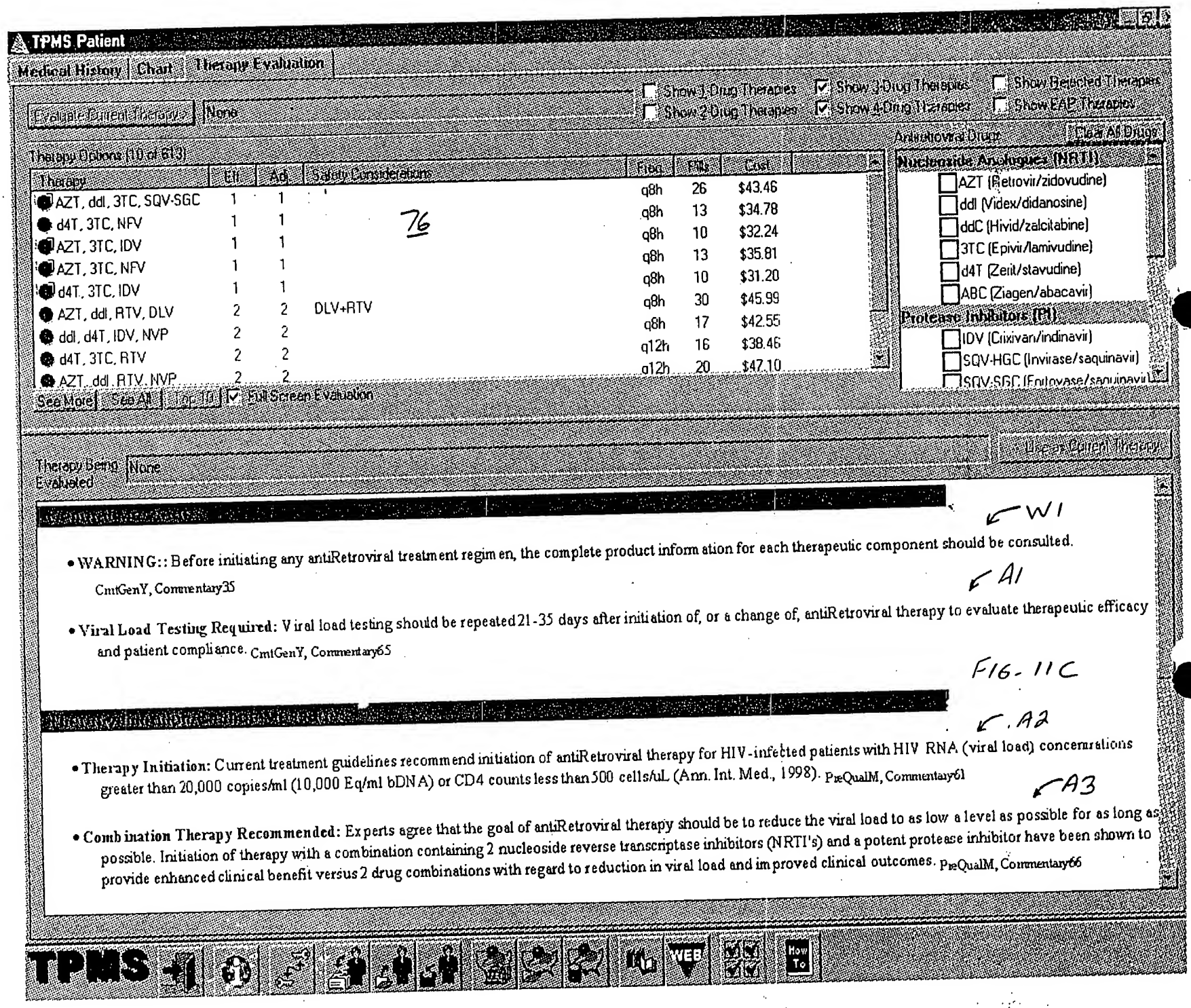

70a
Medical History
Chart
Therapy Evaluation
General
Entry
Comment Popup
Patient Id
ARV naive1
Birth Date
1/5/1968
TPMS Number
Physician
Gender
Male
Print
Save
Weight (kg)
Solid Dosage
Date
Value
2/1/1999
73.00
2/1/1999
Yes
CD4 and Viral Load
CD4 (cells/cubic mm)
Current Viral Load
Previous Viral Load
HIV Genotype
Phenotype
Allergy/Hyper
Intolerance
Hemoglobin
Specimen Date
2/1/1999
Neutrophils
Specimen Date
2/1/1999
Hepatic Function
Specimen Date
2/1/1999
35
Boundry and Prequalification Messages
Please be aware that the following boundry and prequalification conditions currently apply to this patient.
OK
Cancel
• Therapy Initiation: Current treatment guidelines recommend initiation of antiRetroviral therapy for HIV-infected patients with HIV RNA (viral load) concentrations greater than 20,000 copies/ml (10,000 Eq/ml bDNA) or CD4 counts less than 500 cells/uL (Ann. Int. Med., 1998). PreQualM, Commentary61
• Combination Therapy Recommended: Experts agree that the goal of antiRetroviral therapy should be to reduce the viral load to as low a level as possible for as long as possible. Initiation of therapy with a combination containing 2 nucleoside reverse transcriptase inhibitors (NRTI's) and a potent protease inhibitor have been shown to provide enhanced clinical benefit versus 2 drug combinations with regard to reduction in viral load and improved clinical outcomes. PreQualM, Commentary66
TPMS
WEB
How To

FIG. 11B


TPMS Patient
Medical History
Chart
Therapy Evaluation
Evaluate Current Therapy
None
Show 1-Drug Therapies
Show 2-Drug Therapies
Show 3-Drug Therapies
Show 4-Drug Therapies
Show Selected Therapies
Show EAP Therapies
Therapy Options (10 of 613)
Therapy
Eff
Adh
Safety Considerations
Freq
Pills
Cost
AZT, ddI, 3TC, SQV-SGC 1 1 q8h 26 $43.46
d4T, 3TC, NFV 1 1 q8h 13 $34.78
AZT, 3TC, IDV 1 1 q8h 10 $32.24
AZT, 3TC, NFV 1 1 q8h 13 $35.81
d4T, 3TC, IDV 1 1 q8h 10 $31.20
AZT, ddI, RTV, DLV 2 2 DLV+RTV q8h 30 $45.99
ddI, d4T, IDV, NVP 2 2 q8h 17 $42.55
d4T, 3TC, RTV 2 2 q12h 16 $38.46
AZT, ddI, RTV, NVP 2 2 q12h 20 $47.10
76
See More
See All
Top 10
Full Screen Evaluation
Antiretroviral Drugs
Clear All Drugs
Nucleoside Analogues (NRTI)
AZT (Retrovir/zidovudine)
ddI (Videx/didanosine)
ddC (Hivid/zalcitabine)
3TC (Epivir/lamivudine)
d4T (Zerit/stavudine)
ABC (Ziagen/abacavir)
Protease Inhibitors (PI)
IDV (Crixivan/indinavir)
SQV-HGC (Invirase/saquinavir)
SQV-SGC (Epivyase/saquinavir)
Therapy Being Evaluated
None
Use as Current Therapy
WARNING:: Before initiating any antiRetroviral treatment regimen, the complete product information for each therapeutic component should be consulted. CmtGenY, Commentary35
Viral Load Testing Required: Viral load testing should be repeated 21-35 days after initiation of, or a change of, antiRetroviral therapy to evaluate therapeutic efficacy and patient compliance. CmtGenY, Commentary65
Therapy Initiation: Current treatment guidelines recommend initiation of antiRetroviral therapy for HIV-infected patients with HIV RNA (viral load) concentrations greater than 20,000 copies/ml (10,000 Eq/ml bDNA) or CD4 counts less than 500 cells/uL (Ann. Int. Med., 1998). PrcQualM, Commentary61
Combination Therapy Recommended: Experts agree that the goal of antiRetroviral therapy should be to reduce the viral load to as low a level as possible for as long as possible. Initiation of therapy with a combination containing 2 nucleoside reverse transcriptase inhibitors (NRTI's) and a potent protease inhibitor have been shown to provide enhanced clinical benefit versus 2 drug combinations with regard to reduction in viral load and improved clinical outcomes. PrcQualM, Commentary66
W1
A1
FIG. 11C
A2
A3
TPMS
WEB
How To

TPMS Patient

Medical History | Chart | Therapy Evaluation

Therapy Being Evaluated: AZT, ddI, RTV, DLV

< Use as Current Therapy | Show Therapies

Recommended Dosages

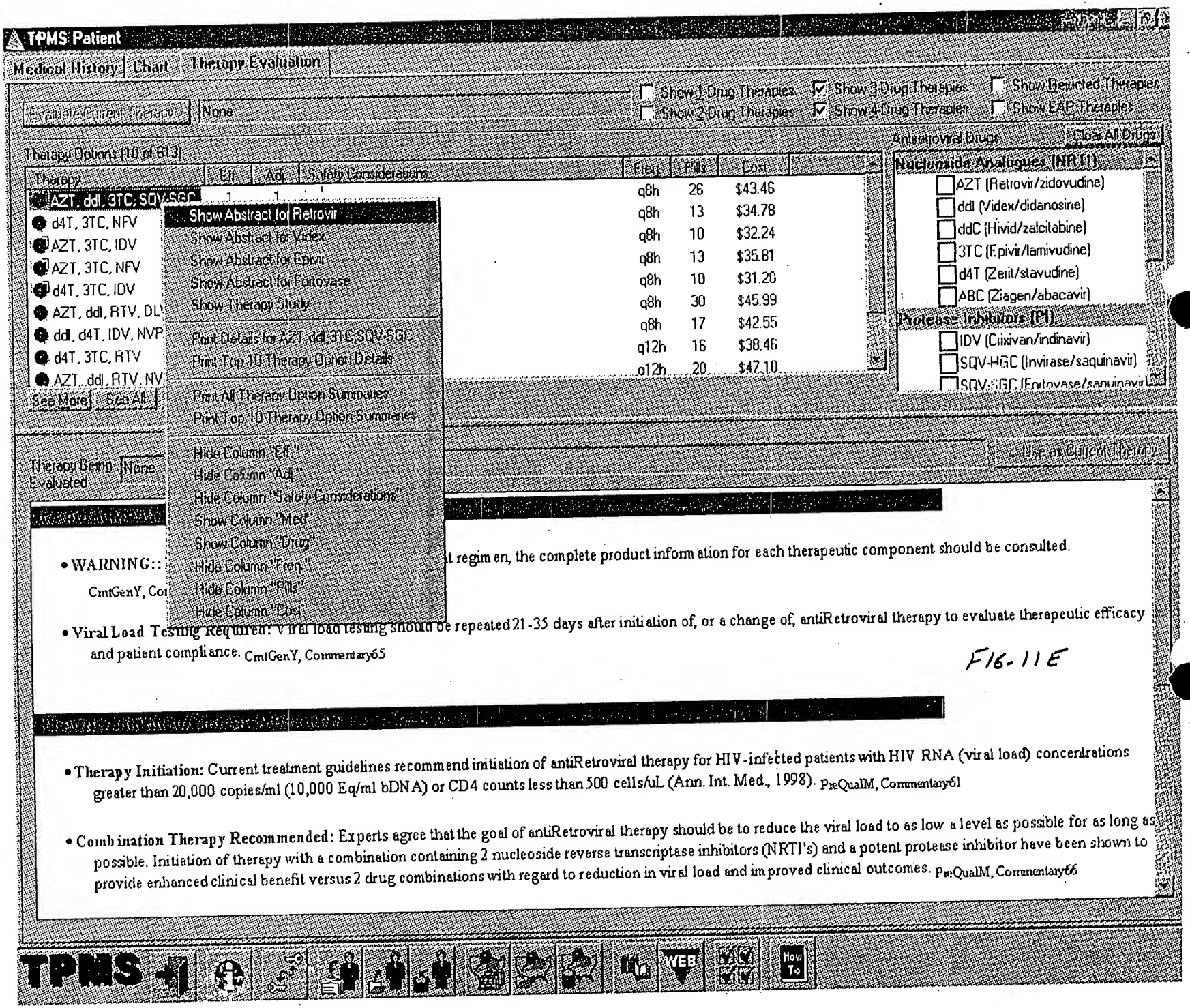
FIG. 11D

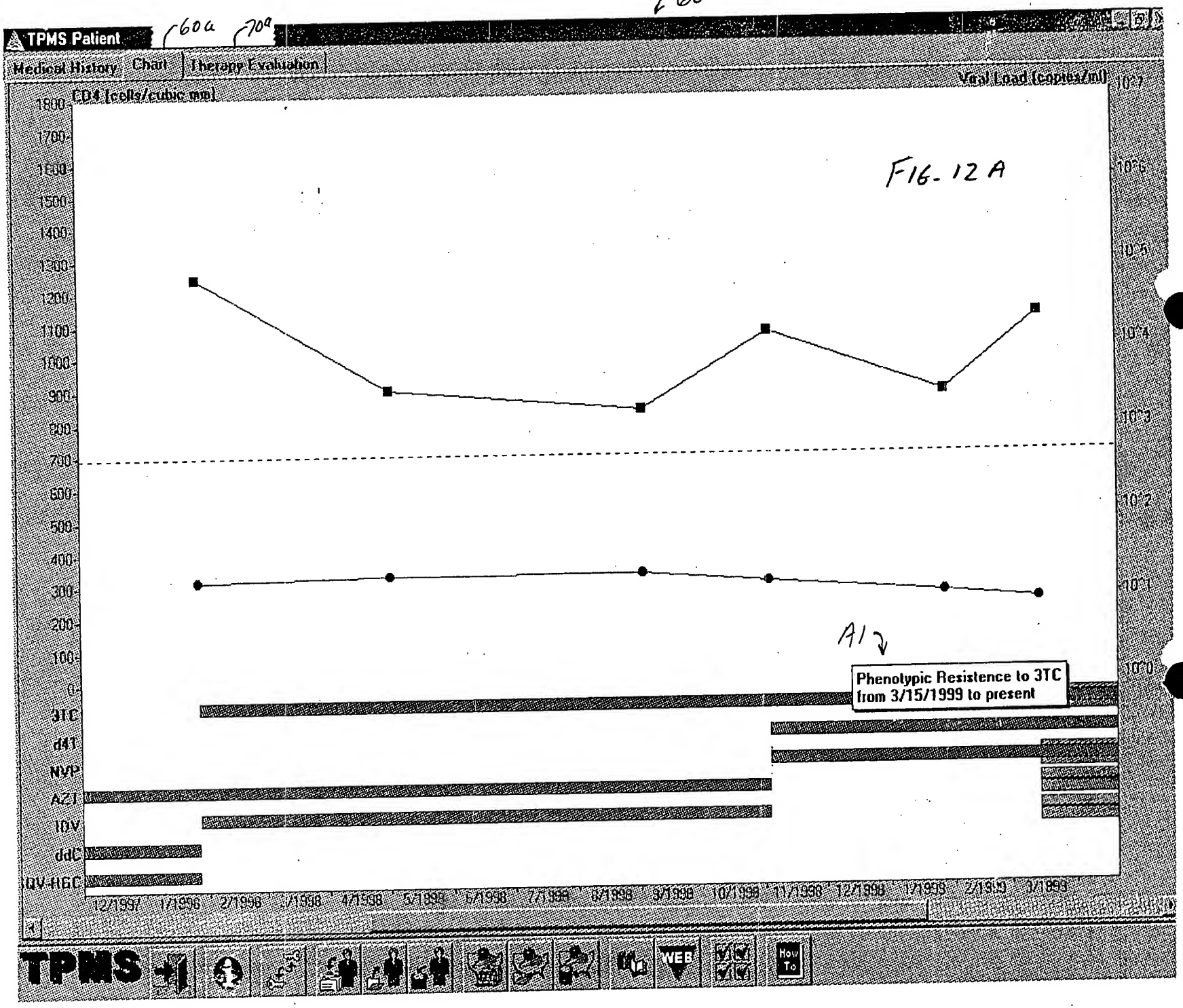
- **Retrovir** 300mg q12h *(2 pills/day, $9.56/day)*
- **Videx** 200mg q12h *(4 pills/day, $6.78/day)*
- **Norvir** 600mg q12h *(12 pills/day, $22.26/day)*
- **Rescriptor** 400mg q8h *(12 pills/day, $7.39/day)*

- AZT: Interrupt Retroviruse if anemia and/or neutropenia develops. More Info 036 DosGenA, Commentary36
- ddI: When treatment with other drugs known to cause pancreatic toxicity is required (for example, IV pentamidine), suspension of Videx should be considered. CmtGenA, Commentary13
- ddI: If patients develop symptoms of neuropathy, Videx therapy should be interrupted. DosGenB, Commentary40
- ddI: Clinical signs suggestive of pancreatitis should prompt dose suspension of Videx and careful evaluation of the possibility of pancreatitis. Only after pancreatitis has been ruled out should dosing be resumed. DosGenB, Commentary39
- DLV: Skin rash attributable to Rescriptor may occur during first 21 days. More Info 054 CmtGenS, Commentary54

- ddI: Videx should not be administered with a prescription antibiotic containing any form of tetracycline. CmtGenA, Commentary15
- ddI: Plasma concentrations of some quinolone antibiotics are decreased when administered with antacids containing magnesium or aluminum. Therefore, doses of quinolone antibiotics should not be administered within 2 hours of taking Videx. CmtGenA, Commentary16
- RTV: Monitor for decreased AUC of Norvir and associated adverse events when concomitant with use of drugs that increase CYP3A activity (including tobacco). More Info 026 CmtGenH, Commentary26

TPMS | WEB | How To


TPMS: Patient
Medical History
Chart
Therapy Evaluation
Show 1-Drug Therapies
Show 2-Drug Therapies
Show 3-Drug Therapies
Show 4-Drug Therapies
Show Rejected Therapies
Show EAP Therapies
Evaluate Current Therapy
None
Therapy Options (10 of 613)
Therapy
Eff
Adj
Safety Considerations
Pills
Cost
AZT, ddI, 3TC, SQV-SGC
d4T, 3TC, NFV
AZT, 3TC, IDV
AZT, 3TC, NFV
d4T, 3TC, IDV
AZT, ddI, RTV, DLV
ddI, d4T, IDV, NVP
d4T, 3TC, RTV
AZT, ddI, RTV, NV
q8h 26 $43.46
q8h 13 $34.78
q8h 10 $32.24
q8h 13 $35.81
q8h 10 $31.20
q8h 30 $45.99
q8h 17 $42.55
q12h 16 $38.46
q12h 20 $47.10
See More
See All
Show Abstract for Retrovir
Show Abstract for Videx
Show Abstract for Epivir
Show Abstract for Fortovase
Show Therapy Study
Print Details for AZT, ddI, 3TC, SQV-SGC
Print Top 10 Therapy Option Details
Print All Therapy Option Summaries
Print Top 10 Therapy Option Summaries
Hide Column "Eff."
Hide Column "Adj."
Hide Column "Safety Considerations"
Show Column "Med"
Show Column "Drug"
Hide Column "Freq."
Hide Column "Pills"
Hide Column "Cost"
Antiretroviral Drugs
Clear All Drugs
Nucleoside Analogues (NRTI)
AZT (Retrovir/zidovudine)
ddI (Videx/didanosine)
ddC (Hivid/zalcitabine)
3TC (Epivir/lamivudine)
d4T (Zerit/stavudine)
ABC (Ziagen/abacavir)
Protease Inhibitors (PI)
IDV (Crixivan/indinavir)
SQV-HGC (Invirase/saquinavir)
SQV-SGC (Fortovase/saquinavir
Therapy Being Evaluated
None
Use as Current Therapy
• WARNING::
CmtGenY, Cor
t regimen, the complete product information for each therapeutic component should be consulted.
• Viral Load Testing Required: Viral load testing should be repeated 21-35 days after initiation of, or a change of, antiRetroviral therapy to evaluate therapeutic efficacy and patient compliance. CmtGenY, Commentary65
F16-11E
• Therapy Initiation: Current treatment guidelines recommend initiation of antiRetroviral therapy for HIV-infected patients with HIV RNA (viral load) concentrations greater than 20,000 copies/ml (10,000 Eq/ml bDNA) or CD4 counts less than 500 cells/uL (Ann. Int. Med., 1998). PmQualM, Commentary61
• Combination Therapy Recommended: Experts agree that the goal of antiRetroviral therapy should be to reduce the viral load to as low a level as possible for as long as possible. Initiation of therapy with a combination containing 2 nucleoside reverse transcriptase inhibitors (NRTI's) and a potent protease inhibitor have been shown to provide enhanced clinical benefit versus 2 drug combinations with regard to reduction in viral load and improved clinical outcomes. PmQualM, Commentary66
TPMS
WEB
How To


TPMS Patient
Medical History
Chart
Therapy Evaluation
CD4 [cells/cubic mm]
Viral Load [copies/ml]
1800
1700
1600
1500
1400
1300
1200
1100
1000
900
800
700
600
500
400
300
200
100
0
10^7
10^6
10^5
10^4
10^3
10^2
10^1
10^0
Phenotypic Resistence to 3TC from 3/15/1999 to present
3TC
d4T
NVP
AZT
IDV
ddC
GV-HGC
12/1997
1/1998
2/1998
3/1998
4/1998
5/1998
6/1998
7/1998
8/1998
9/1998
10/1998
11/1998
12/1998
1/1999
2/1999
3/1999
TPMS
WEB
How To

F16. 12A

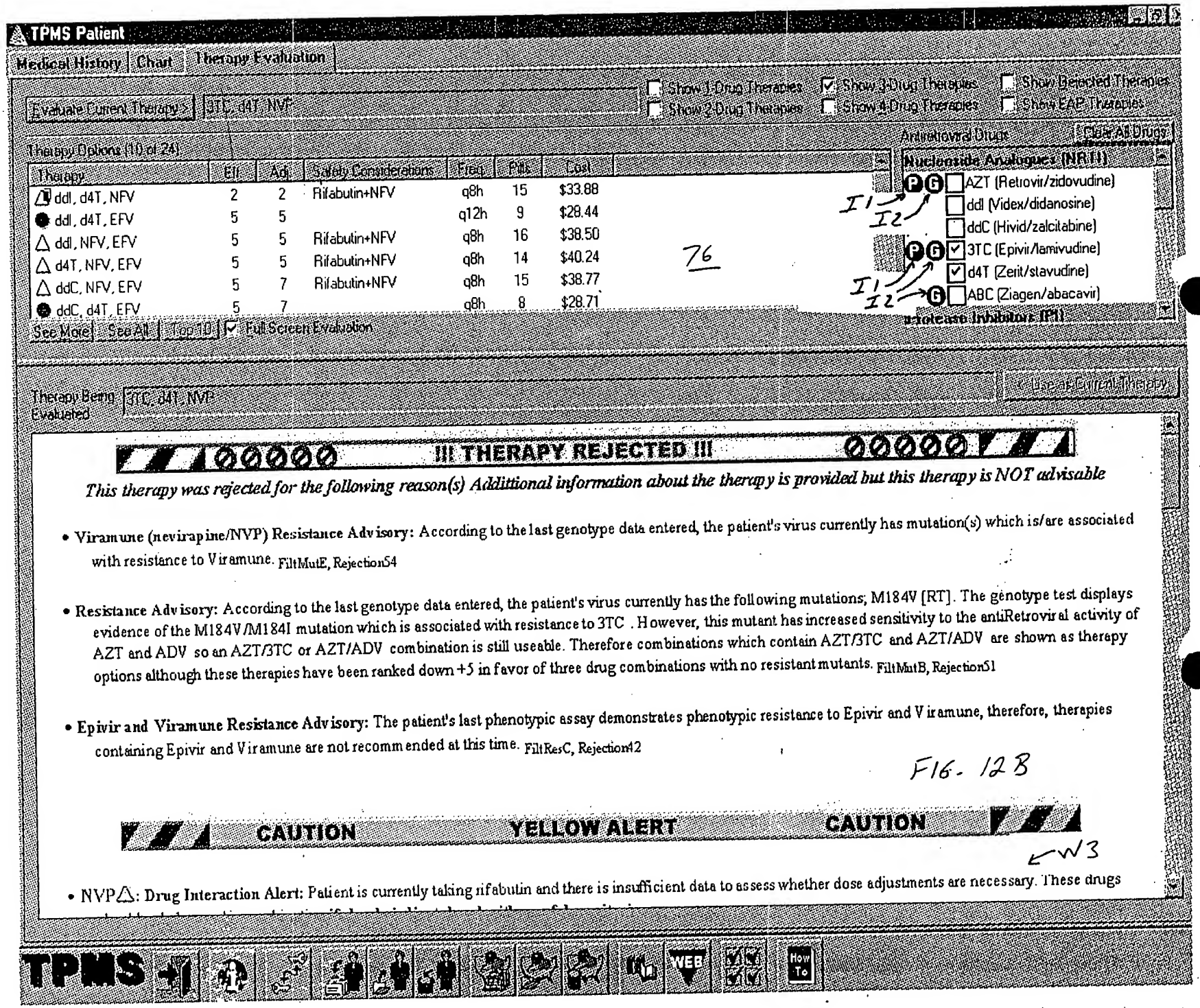

TPMS Patient
Medical History
Chart
Therapy Evaluation
Evaluate Current Therapy >
3TC, d4T, NVP
Show 1-Drug Therapies
Show 2-Drug Therapies
Show 3-Drug Therapies
Show 4-Drug Therapies
Show Rejected Therapies
Show EAP Therapies
Therapy Options (10 of 24)
Therapy
Eff.
Adj.
Safety Considerations
Freq.
Pills
Cost
ddI, d4T, NFV 2 2 Rifabutin+NFV q8h 15 $33.88
ddI, d4T, EFV 5 5 q12h 9 $28.44
ddI, NFV, EFV 5 5 Rifabutin+NFV q8h 16 $38.50
d4T, NFV, EFV 5 5 Rifabutin+NFV q8h 14 $40.24
ddC, NFV, EFV 5 7 Rifabutin+NFV q8h 15 $38.77
ddC, d4T, EFV 5 7 q8h 8 $28.71
76
Antiretroviral Drugs
Clear All Drugs
Nucleoside Analogues (NRTI)
AZT (Retrovir/zidovudine)
ddI (Videx/didanosine)
ddC (Hivid/zalcitabine)
3TC (Epivir/lamivudine)
d4T (Zerit/stavudine)
ABC (Ziagen/abacavir)
I1
I2
Nucleoside Inhibitors (NRTI)
See More
See All
Top 10
Full Screen Evaluation
Therapy Being Evaluated
3TC, d4T, NVP
Use as Current Therapy
!!! THERAPY REJECTED !!!
This therapy was rejected for the following reason(s) Additional information about the therapy is provided but this therapy is NOT advisable
• Viramune (nevirapine/NVP) Resistance Advisory: According to the last genotype data entered, the patient's virus currently has mutation(s) which is/are associated with resistance to Viramune. FiltMutE, Rejection54
• Resistance Advisory: According to the last genotype data entered, the patient's virus currently has the following mutations; M184V [RT]. The genotype test displays evidence of the M184V/M184I mutation which is associated with resistance to 3TC . However, this mutant has increased sensitivity to the antiRetroviral activity of AZT and ADV so an AZT/3TC or AZT/ADV combination is still useable. Therefore combinations which contain AZT/3TC and AZT/ADV are shown as therapy options although these therapies have been ranked down +5 in favor of three drug combinations with no resistant mutants. FiltMutB, Rejection51
• Epivir and Viramune Resistance Advisory: The patient's last phenotypic assay demonstrates phenotypic resistance to Epivir and Viramune, therefore, therapies containing Epivir and Viramune are not recommended at this time. FiltResC, Rejection42
CAUTION YELLOW ALERT CAUTION
• NVP△: Drug Interaction Alert: Patient is currently taking rifabutin and there is insufficient data to assess whether dose adjustments are necessary. These drugs
TPMS
WEB
How To

FIG. 12B

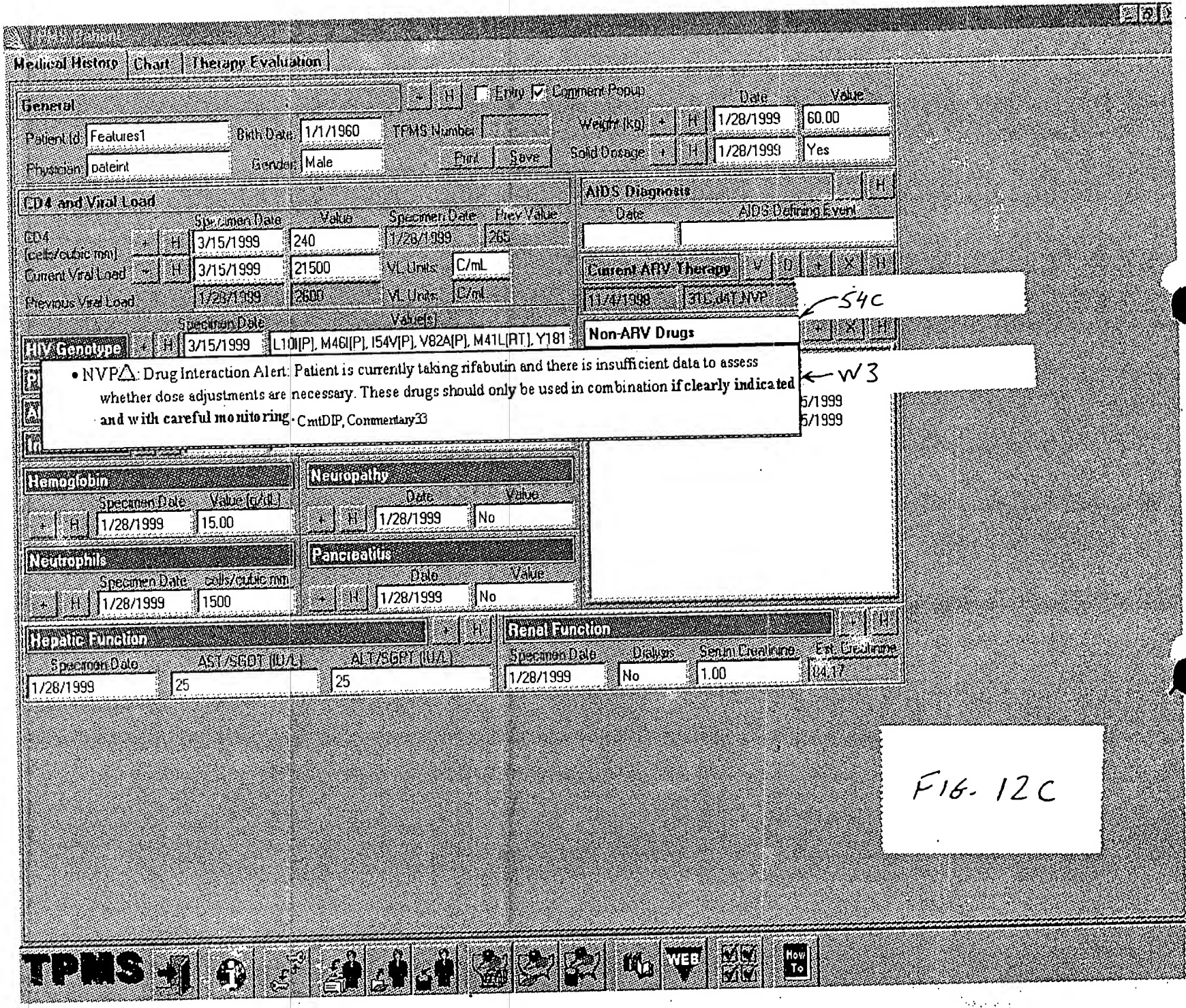

Medical History
Chart
Therapy Evaluation
General
Entry
Comment Popup
Patient Id: Features1
Birth Date: 1/1/1960
TPMS Number:
Physician: pateint
Gender: Male
Print
Save
Weight (kg) 1/28/1999 60.00
Solid Dosage 1/28/1999 Yes
CD4 and Viral Load
Specimen Date
Value
Prev Value
CD4 (cells/cubic mm) 3/15/1999 240 1/28/1999 265
Current Viral Load 3/15/1999 21500 VL Units: C/mL
Previous Viral Load 1/28/1999 2600 VL Units: C/mL
AIDS Diagnosis
Date
AIDS Defining Event
Current ARV Therapy
11/4/1998 3TC,d4T,NVP
54c
HIV Genotype 3/15/1999 L10I[P], M46I[P], I54V[P], V82A[P], M41L[RT], Y181
Non-ARV Drugs
• NVP△: Drug Interaction Alert: Patient is currently taking rifabutin and there is insufficient data to assess whether dose adjustments are necessary. These drugs should only be used in combination if clearly indicated and with careful monitoring. - CmtDIP, Commentary33
W3
Hemoglobin
Specimen Date
Value (g/dL)
1/28/1999 15.00
Neuropathy
Date
Value
1/28/1999 No
Neutrophils
Specimen Date
cells/cubic mm
1/28/1999 1500
Pancreatitis
Date
Value
1/28/1999 No
Hepatic Function
Specimen Date
AST/SGOT (IU/L)
ALT/SGPT (IU/L)
1/28/1999 25 25
Renal Function
Specimen Date
Dialysis
Serum Creatinine
Est. Creatinine
1/28/1999 No 1.00 84.17
TPMS
WEB
How To

FIG. 12C